

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Americans For Common Sense Solutions

(b) Address (number and street)

☐ check if different than previously reported

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

2. FEC Identification Number

C C30001903

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

(b) Communication Title Constitution

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Christopher Stenberg

(b) Address (number and street)

170 Westminster Street

(c) City, State and ZIP Code

Providence

RI

02903

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

consultant

9. Total Donations This Statement

50000.00

10. Total Disbursements/Obligations This Statement

38988.63

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg

DATE 02/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.